

## Follow-up Questionnaire for the CHASING COVID Mental Health Study [6 months]

### Introduction

We would like to thank you for your participation in the CHASING COVID Cohort (C3) study thus far. The COVID-19 pandemic has evolved significantly during the course of this study. Your ongoing participation has provided valuable information for understanding attitudes and behaviors towards COVID-19 vaccination across the U.S..

To date, this study has been conducted by the CUNY Institute for Implementation Science in Population Health (ISPH), with grant support from the National Institutes of Health. The risks and benefits of participating in this study interview remain the same. Just like before, your identifiable data will never be shared with anyone outside the CUNY study team.

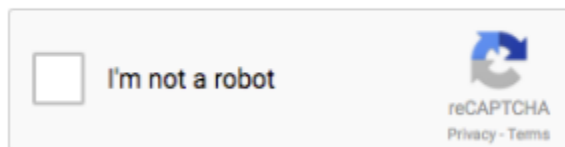
Thank you for taking time to complete this final follow-up survey. This should take about 10-15 minutes of your time. When you finish the survey, you will receive a \$30 *Tremendous* gift card. Additionally, as a token of our appreciation for your continued participation, if you completed all three surveys in the study, you will be entered into a drawing to receive a \$100 Tremendous gift card. *Tremendous* offers over 700 redeeming options, including Visa virtual gift cards, Amazon, Target, Starbucks, various charities and more. You can choose your own redeeming option.

By clicking the arrow below, you will be directed to the survey.

Please select the checkbox before proceeding.

*[Captcha verification with checkbox next to "I'm not a robot"]*

Please select the checkbox before proceeding.

A reCAPTCHA verification box. On the left, there is a small square checkbox followed by the text "I'm not a robot". On the right, there is a blue reCAPTCHA logo with the text "reCAPTCHA" and "Privacy - Terms" below it.

*[Honeypot question to flag bots: will NOT be visible to participants]* Please select 1.

- a. 1
- b. 2
- c. 3
- d. 4

### COVID Infection History and Concern

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1. As a reminder, you enrolled in this study and completed the first survey on [baseline date]. Have you had a COVID-19 infection **since [date of baseline survey]**?
  - a. Yes
  - b. No, I don't think I've had COVID since [date of baseline survey]
  - c. Don't know / Not sure
2. If yes or don't know to COVID since baseline: When was your most recent COVID-19 infection **since [date of baseline survey]**?
  - a. April 2024
  - b. May 2024
  - c. June 2024
  - d. July 2024
  - e. August 2024
  - f. September 2024
  - g. October 2024
  - h. November 2024

### Receipt of COVID vaccine

3. As a reminder, you enrolled in this study and completed the first survey on [baseline date]. Have you received a COVID-19 vaccine **on or after [piped baseline date]**?
  - a. Yes
  - b. No
4. *If answer to previous question is Yes:* When did you receive your **most recent dose** of the COVID-19 vaccine (**since [piped baselined date]**)?
  - a. Date selection [Limited to after study launch (April 15 2024)]
5. *If answer to received vaccine is Yes:* Which vaccine did you get (i.e., manufacturer)?
  - a. Pfizer/BioNTech
  - b. Moderna
  - c. Novavax
  - d. Don't know

### Reasons for getting vaccine

6. *If answer to received vaccine is Yes:* What motivated you to get another dose of the COVID-19 vaccine since [baseline date]? Please select all that apply. *[Responses randomized, with 'other' and 'none' options fixed at end]*

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- a. I want to avoid getting infected with COVID-19
- b. It will help protect me from getting very sick
- c. It will help protect others around me
- d. My physician recommended it
- e. I am following recommendations from public health authorities
- f. Other: \_\_\_\_
- g. None of the above

## Reasons for not getting vaccine

7. *If answer to received vaccine is No:* Which of the following influenced your decision to not get another dose of the COVID-19 vaccine since [baseline date]? Please select all that apply. *[Responses randomized, with 'other' and 'none' options fixed at end]*

- a. I had side effects from previous doses
- b. I'm worried about possible side effects from another dose
- c. I don't think the vaccine is effective against the variants currently circulating
- d. I'm worried about the out of pocket costs of getting vaccinated
- e. I recently had COVID-19
- f. I don't think I am at risk for severe outcomes due to COVID-19
- g. I've had trouble accessing a vaccine at a time (or venue) that works for me
- h. I just haven't gotten around to it yet
- i. My doctor said I didn't have to get it
- j. I do not trust recommendations from public health authorities
- k. I wasn't able to get the vaccine because I didn't have my COVID vaccine card
- l. Other: \_\_\_\_
- m. None of the above

8. In the **past 6 months (since [piped date for six months ago])**, has anyone close to you (e.g., family, friends) gotten a COVID-19 vaccine?

- a. Yes
- b. No
- c. Don't know

## Flu Vaccine

9. Have you received a flu vaccine **since June 27, 2024**?

- a. Yes
- b. No

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10. If yes to receiving a flu vaccine in the fall and yes to COVID vaccine: Did you receive a flu vaccine on the same day as the day you received your last COVID vaccine?
- a. Yes
  - b. No
  - c. Don't know / not sure

## Vaccine perceptions

We are interested in your opinions about the COVID vaccine. The following statements may be true or false. Do you agree with the following claims about the COVID vaccine? [matrix]

11. The COVID-19 vaccine can affect your fertility.
- a. Agree
  - b. Disagree
  - c. Don't know
12. I need the COVID-19 vaccine even if I've already had COVID-19.
- a. Agree
  - b. Disagree
  - c. Don't know
13. The COVID-19 vaccine was developed too quickly.
- a. Agree
  - b. Disagree
  - c. Don't know
14. The COVID-19 vaccine will protect me from being hospitalized with COVID-19.
- a. Agree
  - b. Disagree
  - c. Don't know
15. Getting the COVID-19 vaccine gives you COVID-19.
- a. Agree
  - b. Disagree
  - c. Don't know
16. The side effects of the COVID-19 vaccine are dangerous.
- a. Agree
  - b. Disagree

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- c. Don't know
- 17. The COVID-19 vaccine changes your DNA.
  - a. Agree
  - b. Disagree
  - c. Don't know
- 18. Staying up to date on COVID-19 vaccine shots is important to stay protected from severe COVID-19 disease.
  - a. Agree
  - b. Disagree
  - c. Don't know
- 19. The technology used to make the COVID-19 vaccine is too new to be safe.
  - a. Agree
  - b. Disagree
  - c. Don't know
- 20. The COVID-19 vaccine contains tracking devices, implants, or microchips.
  - a. Agree
  - b. Disagree
  - c. Don't know
- 21. Receiving a COVID-19 vaccine can make you magnetic.
  - a. Agree
  - b. Disagree
  - c. Don't know

### Vaccine hesitancy

- 22. How willing are you to receive another COVID-19 vaccine dose?
  - a. Very willing
  - b. Somewhat willing
  - c. Not willing
  - d. Don't know
- 23. *If very willing, somewhat willing, or don't know to receive another COVID-19 vaccine dose:* How willing are you to receive another COVID-19 vaccine dose **at the same time** you received a flu vaccine?
  - a. Very willing

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- b. Somewhat willing
- c. Not willing
- d. Don't know

## Vaccine intent

24. *If no to receiving an additional dose of the vaccine since the intervention:* Do you intend to get another dose of the COVID-19 vaccine in the **next 6 months**?

- a. Yes
- b. No
- c. Don't know / not sure

25. *If yes to intent to get another dose:* Are you planning to make an appointment to get another dose of the COVID-19 vaccine in the **next 6 months**?

- a. No, I'm not planning on making an appointment
- b. Yes, I'm planning on making an appointment
- c. Yes, I have already made an appointment
- d. Don't know / Not sure

26. Do you feel you need to gather more information about the COVID-19 vaccine before deciding whether or not to get another dose of the vaccine?

- a. Yes
- b. No
- c. Don't know

27. Do you feel you need to talk to a health care provider about the COVID-19 vaccine before deciding whether or not to get another dose of the vaccine?

- a. Yes
- b. No
- c. Don't know

## Testing

28. Have you or someone in your household requested free COVID tests from covidtest.gov **since September 26, 2024**?

- a. Yes, I received free COVID tests after September 26, 2024
- b. Yes, but I have not received them
- c. No, I did not request any free COVID tests on or after September 26, 2024

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- d. No, I wasn't aware that at-home self-test kits were available for free since September 26, 2024
- e. Don't know / not sure

## CBT

### Perceived Control Scale

29. For the next set of statements, please think about whether you agree or disagree with the statement.

For example, if the statement is extremely uncharacteristic of you, you may choose "Strongly Disagree." On the other hand, if the statement is extremely characteristic of you, you may choose "Strongly Agree." Use the options in the middle if you fall somewhere in between. [Likert scale of 1=strongly disagree, 2=disagree, 3=agree, strongly 4=agree]

- a. There's no way I can solve some of the problems I have.
- b. Sometimes I feel that I am being pushed here and there in life.
- c. I have little control over things that happen to me.
- d. I can do anything when I put my mind to it.
- e. Most of the time, I feel helpless when dealing with problems of life.
- f. What happens to me in the future mostly depends on me.
- g. There's little I can do to change most of the important things in my life.

### Behavioral approach (BAS-Drive subscale)

30. Each item below is a statement that a person may either agree with or disagree with. For each item, indicate how much you agree or disagree with what the item says. Please respond to all of the items; do *not* leave any blank. Choose only *one* response to each statement. Please be as accurate and honest as you can be. [Matrix with 1-4 below]

1	2	3	4
Very true for me	Somewhat true for me	Somewhat false for me	Very false for me

- a. I go out of my way to get things I want.
- b. When I want something I usually go all-out to get it.
- c. If I see a chance to get something I want I move on it right away.
- d. When I go after something I hold a "no holds barred" approach.

31. *If no to receiving an additional dose of the vaccine since the intervention:* How likely are you to seek out more information about the COVID-19 vaccine **in the next month**?

- a. Very likely
- b. Somewhat likely
- c. Not likely

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d. Don't know

32. *If no to receiving an additional dose of the vaccine since the intervention:* How likely are you to make time to get a COVID-19 vaccine **in the next month**?

- a. Very likely
- b. Somewhat likely
- c. Not likely
- d. Don't know

**Depressive and anxiety symptoms in the past month (PHQ-8, GAD-7)**

33. **In the past month** (since ADD Qualtrics DD/Mon/YY), how often have you been bothered by the following problems?



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Have you been bothered by...	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself - or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as, reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been				

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moving around a lot more than usual				
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it's hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				

## Mental Health care

34. In the **past four weeks (since [piped date])**, have you taken prescription medication for your mental health?
- Yes
  - No
  - Don't know

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35. In the **past four weeks (since [piped date])**, have you received counseling or therapy from a mental health professional, such as a psychologist, social worker, or other licensed mental health professional?
- a. Yes
  - b. No
  - c. Don't know
36. *If no to previous question:* In the **past four weeks (since [piped date])**, have you needed counseling or therapy from a mental health professional, such as a psychologist, social worker, or other licensed mental health professional?
- a. Yes
  - b. No
  - c. Don't know
37. [PSS-4] In the last month, how often have you felt... [Never, Almost never, Sometimes, Fairly often, Very often; 0-4, reverse for q2-3]
- a. That you were unable to control the important things in your life?
  - b. Confident about your ability to handle your personal problems?
  - c. That things were going your way?
  - d. Difficulties were piling up so high that you could not overcome them?
38. Pandemic fatigue scale? Please indicate the extent to which you disagree or agree with the following statements. [Strongly disagree, Disagree, Somewhat disagree, Neutral/neither disagree nor agree, Somewhat agree, Agree, Strongly agree; 1-7]
- a. I am tired of all the COVID-19 discussions in TV shows, newspapers, and radio programs, etc.
  - b. I am sick of hearing about COVID-19.
  - c. When friends or family members talk about COVID-19, I try to change the subject because I do not want to talk about it anymore.
  - d. I feel strained from following all of the behavioral regulations and recommendations around COVID-19.
  - e. I am tired of restraining myself to save those who are most vulnerable to COVID-19.
  - f. I am losing my spirit to fight against COVID-19.

## Alcohol use

39. In the **last month (since [piped date])**, how often did you have a drink containing alcohol?

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- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

40. *If answer to previous question is not Never:* In the **last month (since [piped date])**, how many standard drinks containing alcohol did you have on a typical day when you were drinking? One standard drink is equal to 12 ounces (355 ml) of beer, 5 ounces (150 ml) of wine, 1.5 ounces (45 ml) of hard liquor, or 8 ounces (235 ml) of malt liquor.

- a. 1 to 2
- b. 3 to 4
- c. 5 to 6
- d. 7 to 9
- e. 10 or more

41. *If answer to any alcohol in past month is not Never:* In the **last month (since [piped date])**, how often did you have six or more drinks on one occasion?

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

## WHODAS

42. These questions ask about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. [matrix with: None, Mild, Moderate, Severe, Extreme or cannot do]

- a. Standing for long periods such as 30 minutes?
- b. Taking care of your household responsibilities?
- c. Learning a new task, for example, learning how to get to a new place?
- d. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
- e. How much have you been emotionally affected by your health problems?

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- f. Concentrating on doing something for ten minutes?
- g. Walking a long distance such as a kilometer or half a mile?
- h. Washing your whole body?
- i. Getting dressed?
- j. Dealing with people you do not know?
- k. Maintaining a friendship?
- l. Your day-to-day work?

## Demographic and GUID information

You may have seen these questions before on previous surveys. However, we are asking again here to meet study data collection requirements from the National Data Archive at the National Institutes of Health.

43. What sex were you assigned at birth?

- a. Male
- b. Female
- c. Prefer not to say

44. What is your race and/or ethnicity? Please select all that apply.

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Hispanic or Latino
- e. Middle Eastern or North African
- f. Native Hawaiian or Pacific Islander
- g. White
- h. Other \_\_\_\_\_
- i. Prefer not to say [exclusive]

[MARKED COMPLETE HERE]

*If opted in to sharing GUID info:* As a reminder, you agreed to share your deidentified study data with the National Data Archive (NDA) at the National Institutes of Health.

Deidentified study data means that all personal information about you (such as name, address, birthdate and phone number) is removed and replaced with a code number. We will use the information you give us to create a combination of numbers and letters that do not contain your responses and cannot be traced back to the information you provided. There is no way to identify your personal information based on your code.

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45. *If opted in to sharing GUID info:* If you would still like to share your information, please enter the following:

- a. Date of birth [calendar select]
- b. First name
- c. Middle name (leave blank if NA)
- d. Last name
- e. City or municipality you were born in

### End Survey / End of Study Message

Thank you for taking the time to complete this survey. Your continued participation has been invaluable for understanding people's decisions around COVID-19 vaccination. We may reach out to you in the future about other, similar studies you may be eligible to participate in.

For help finding a COVID-19 vaccine near you, please visit: [Vaccines.gov - Search for COVID-19 vaccine locations](https://www.vaccines.gov/search-locations)

For up to date and accurate information about the COVID-19 vaccine, please visit CDC. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

If you have any questions, please reach us at [covid@sph.cuny.edu](mailto:covid@sph.cuny.edu).

### Automated Email Response

Thank you for completing the third survey for this COVID-19 vaccination study. We will email you a \$30 *Tremendous* gift card to the email address that you provided within the next 48 hours. If you completed all three surveys for the study, you have also been automatically enrolled in a raffle to win a \$100 *Tremendous* gift card. We will be in touch in the event that you are the winner!

As part of this study, we can learn a lot about your decisions around COVID-19 vaccination and appreciate your participation.

If you have any questions about your participation in the study, or need to contact our team, email us at [covid@sph.cuny.edu](mailto:covid@sph.cuny.edu).

**NEW STUDY OPPORTUNITY (Please ignore if you are already enrolled in Project PROTECTS)**

## **Follow-up Questionnaire for the CHASING COVID Mental Health Study [6 months]**

Congratulations on finishing this study! You may be eligible to participate in new CUNY ISPH research. Project PROTECTS aims to build our understanding of the short- and long-term effects of COVID-19, RSV, and flu, expanding on the CHASING COVID Cohort (C3) study. Participation in the study will involve completing surveys about your health, and will include access to free at-home rapid tests and PCR lab testing for COVID-19, RSV, and flu and gift cards in appreciation of time spent on study activities. You can learn more about the study by watching this [YouTube video](#).

We're particularly looking for participants 50 and older and/or with a chronic health condition, though anyone over 18 in the US or Puerto Rico is eligible.

C3 participants should have received a study invite over the summer. However, for those interested in participating who haven't yet enrolled, simply email our study team at [recruitprotects@sph.cuny.edu](mailto:recruitprotects@sph.cuny.edu) for a personalized link to the study recruitment form. Please put "Interested in CUNY Project PROTECTS - C3MH" in the Subject line.

Thank you!

Project PROTECTS Team  
CUNY Institute for Implementation Science in Population Health at the  
CUNY Graduate School of Public Health and Health Policy  
55 West 125th Street, New York, NY 10027